NEW YORK STATE
DEPARTMENT OF HEALTH
OFFICE OF THE MEDICAID INSPECTOR GENERAL

REVIEW OF ALPHACARE OF NEW YORK, INC. RETROACTIVE DISENROLLMENTS FOR NOTIFICATIONS REPORTED TO OMIG OCTOBER 1, 2013 THROUGH NOVEMBER 16, 2015

FINAL AUDIT REPORT
AUDIT #15-5778

Dennis Rosen
Medicaid Inspector General

June 23, 2016

TABLE OF CONTENTS

	PAGE
BACKGROUND	1
PURPOSE AND SCOPE	1
FINDINGS	2
PROVIDER RIGHTS	2-3

ATTACHMENTS

ATTACHMENT I – Provider Response
ATTACHMENT II – Paid Appropriate
ATTACHMENT III – Final Report Overpayments
ATTACHMENT IV – Recovered in MLTC Audit

NEW YORK STATE | Office of the Medicaid Inspector General

ANDREW M. CUOMO
Governor

DENNIS ROSEN
Medicaid Inspector General

June 23, 2016

[redacted]
AlphaCare of New York, Inc.
335 Adams Street, FL 26
Brooklyn, New York 11201

Re: Final Audit Report
Audit # 15-5778
Provider # [redacted]

Dear [redacted]

The New York State Office of the Medicaid Inspector General (OMIG) has identified instances where the AlphaCare of New York, Inc. (Plan) received monthly Medicaid capitation payments for enrollees who were retroactively disenrolled from the Plan. In accordance with the MLTC Partial Capitation Program Model Contract (Contract) and Section 517.6 of Title 18 of the Official Compilation of Codes, Rules and Regulations of the State of New York (18 NYCRR), this Final Audit Report represents the OMIG's final determination regarding capitation payments made on behalf of enrollees retroactively disenrolled from the Plan.

BACKGROUND

The New York State Department of Health (the Department) is the state agency responsible for the administration of the Medicaid program. As part of its responsibility as an entity within the Department, the OMIG conducts audits and reviews of various providers of Medicaid reimbursable services, equipment and supplies. These audits and reviews are directed at assessing provider compliance with applicable laws, regulations, rules and policies of the Medicaid program as set forth in New York Public Health Law, New York Social Services Law, the regulations of the Department (Titles 10 and 18 of NYCRR), the regulations of the Office of Mental Health (Title 14 of the NYCRR), and the Department's Medicaid Provider Manuals, *Medicaid Update* publications and the Contract.

PURPOSE AND SCOPE

The purpose of the audit was to identify instances where the Plan received a Medicaid capitation payment and subsequently the enrollee was retroactively disenrolled for the entire payment month. The scope of the audit includes all retroactive disenrollment capitation payments with notifications reported to OMIG from October 1, 2013 through November 16, 2015.

FINDINGS

A Draft Audit Report was issued on February 4, 2016 identifying $338,844.83 in overpaid capitation payments made to the Plan for enrollees who were retroactively disenrolled for the entire payment month. In the May 11, 2016 response to the Draft Audit Report, the Plan submitted documentation contesting a portion of the claims (Attachment I). Upon reviewing the documentation, the OMIG agreed to reduce the overpayments in the Draft Audit Report by $25,137.90 (Attachment II). Subsequent to the issuance of the Draft Audit Report, five claims totaling $20,508.10 were identified as having been identified for recovery in an OMIG Eligibility Audit (Attachment III). As a result, the claims have been removed from the audit findings, and the findings of the Final Audit Report total $290,991.49, inclusive of rate adjustments of ($2,207.34) subsequent to the Draft Audit Report.

In accordance with 18 NYCRR Parts 517 and 518 and the Contract Article VI, F(1) (Department Right to Recover Premiums), the Department has a right to recover premiums paid to the Plan for enrollees listed on the monthly roster who are later determined, for the entire applicable payment month, to have been incarcerated; to have moved out of the Plan's service area; or to have died. The Department has the right to recover premiums from the Plan in instances where the enrollee was inappropriately enrolled into the plan with a retroactive effective date, or when the enrollment period was retroactively deleted. The Department always has the right to recover duplicate premiums paid for persons enrolled under more than one Client Identification Number in the Plan whether or not the Plan has made payments to providers.

Pursuant to the Contract, Article VIII, P (OMIG Audit Authority), and in accordance with New York State Public Health Law Sections 30 through 36, and as authorized by federal or state laws and regulations, the OMIG may review and audit claims to determine compliance with federal and state laws and regulations and take such corrective actions as are authorized by federal or state laws and regulations.

In accordance with 18 NYCRR Section 518.4(a), interest may be collected on any overpayments identified in this audit. Per 18 NYCRR Section 518.4(e) interest may be waived. For this audit, the interest has been waived however it may not be waived on future retroactive disenrollment audits.

The total amount of overpayment, as defined in 18 NYCRR Section 518.1(c) is $290,991.49. Subsequent to the issuance of the Draft Audit Report, the Plan voided claims in the amount of $290,991.49. Therefore, no balance is due the New York State Department of Health (Attachment IV).

PROVIDER RIGHTS

The Plan has the right to challenge this action and determination by requesting an administrative hearing within sixty (60) days of the date of this notice. In accordance with 18 NYCRR Section 519.18(a), "The issues and documentation considered at the hearing are limited to issues directly relating to the final determination. An appellant may not raise issues regarding the methodology used to determine any rate of payment or fee, nor raise any new matter not considered by the department upon submission of objections to a draft audit or notice of proposed agency action."

If the Plan wishes to request a hearing, the request must be submitted in writing within sixty (60) days of the date of this notice to:

General Counsel
Office of Counsel
New York State Office of the Medicaid Inspector General
800 North Pearl Street
Albany, New York 12204

Questions regarding the request for a hearing should be directed to the Office of Counsel, at

If a hearing is held, the Plan may have a person represent the Plan or the Plan may represent itself. If the Plan chooses to be represented by someone other than an attorney, the Plan must supply along with the Plan's hearing request a signed authorization permitting that person to represent the Plan at the hearing; the Plan may call witnesses and present documentary evidence on the Plan's behalf. For a full listing of hearing rights please see 18 NYCRR Part 519.

Should you have any questions, please contact Thank you for your cooperation.

Division of Medicaid Audit
Office of the Medicaid Inspector General